

POLICY: R-V-3

**DEPARTMENT:** Community Services **CATEGORY:** Medication and Treatment

**EFFECTIVE DATE:** April 2018

**SUPERSEDES VERSION DATED:** December 2015

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#### Policy & Procedure Manual

# DOCUMENTATION OF MEDICATION AND TREATMENT ADMINISTRATION – R-V-3

#### POLICY:

A permanent record of medications and/or treatments administered to an individual will be maintained. This record will include the person's name, the name of the drug, the period for which it is prescribed, the frequency, signature or initials of the staff who administers the medication/treatment and the route.

#### **PURPOSE:**

To ensure that accurate information regarding all medication and treatment administration is recorded for each individual.

#### PROCEDURE:

- 1. Each staff member will sign their name and initials on the signature sheet (see Appendix A) located in the **Health Appointment Information section** of the individual's Personal Binder.
- 2. Medication Administration Record (MAR) sheets (see Appendix B) are automatically provided to the group homes by Janzen's Pharmacy at the end of each month or when changes occur. MAR sheets will be kept in the medication binder with the Physician's Orders.
- 3. The staff member administering the medication/treatment will initial the appropriate box on the MAR sheet immediately following administration.
- 4. There is a listing of chart notations at the bottom of the MAR sheets which are to be used to indicate the reason a medication is not given. These are:
  - 1.Drug Refused
  - 2. Nausea/ Vomiting
  - 3. Hospitalized
  - 4.LOA
  - 5. Drug Ordered Not Received



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6.Pulse Below 60/min

7. Sleeping

8. Hold - See Note

9. Drug Holiday

10. Other

When using these notations, write the number in the appropriate box on the MAR sheet (see Appendix B, sample 1). An explanatory note must be made in the individual's progress notes and the Daily Log Book to correspond with these notations (for some examples of explanatory notes, see Appendix D). Complete Incident Reports as required and indicated above.

- 5. When a PRN medication is administered, on the MAR sheet initial the appropriate date (see Appendix B, sample 2). A corresponding note is made in the individual's progress notes indicating the reason for administering the PRN, what drug and dosage was given, time given, and the effect of the medication. If the PRN was a drug used to help manage behaviour or a drug used to manage pain, you must record on the PRN tracking sheet every 15 minutes for 2 hours following administration (see Appendix E). A notation must be made in the Daily Log Book.
- 6. An Incident Report will be completed according to Incident Reporting and Follow-Up Policy AD-I-6 whenever a PRN medication has been used to deal with behaviour or when administered as part of seizure protocol.

RECOMMENDED BY: Director, Community Services APPENDICES: 4

**OPERATIONAL ACCOUNTABILITY:** Administration, Community Services

**ORIGINAL POLICY DATE:** March 1992

**AUTHORIZED BY:** Executive Director

SIGNATURE

- OPTIONS northwest -

Name: Sample

POLICY: R-V-3 APPENDIX A

MED & TREATMENT SIGNATURE SHEET Address:

ddress: Group Home

		Croup nome	
PRINTED	NAME & INITIALS	SIGNATURE	INITIALS
Ruth Wilson	R.W.	Ruth Wilson	RW
Jane Dow	J.D.	Jane Dow Lois Allen	90
Lois Allen	L.A.	Lois Allen	LA
			-
	1777		
<del></del>			

Name:	Address:	
NAME & INITIALS (print)	SIGNATURE	INITIALS

D-1-4-4		20	2040
Printed	Mar	ZU.	2018

## MAR by Dosage

Page 1 of 1

Janzen's Pharmacy Lillie St

(807) 344-0405

Apr 1, 2018 to May 1, 2018

Patient: JANE PACMED

Area:

TP#: ON Admission Date: Feb 17, 2018

Birth Date: Nov 30, 2010

Age: 8

Weight:

kg/

lbs

NH#: 553 OPTIONS NORTHWEST

Physician: SARAH ECKLER

Diet:

POLICY: R-V-3 APPENDIX B

Med Conditions: DIABETES MELLITUS

Allergies: PENICILLINS, OPIOIDS - MORPHINE ANALOGUES

Notes:

(807) 626-8470																						V				72550				camus				
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PAROXETINE HCL ACT-PAROXETINE pnk,oblg bicn, C\ 5 6 20MG TABLET TAKE 1/2 A TABLET (10MG) D/	C/ #4373456 / AU Mar 19, 2018 ACT AILY	4																																
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ATORVASTATIN CALCIUM ACT-ATORVASTATIN tht.elpt flm-,AV 20/ 20MG TABLET TAKE 1 TABLET AT BEDTIME	AR #4373452 A AU Mar 19, 2018 ACT																																	

CODES 1 - DRUG REFUSED	NURSE'S SIGNATURE	INIT	NURSE'S SIGNATURE	INIT	NURSE'S SIGNATURE	INIT
2 · NAUSEAVOMITING 3 · HOSPITALIZED 4 · L O A 5 · DRUG ORDERED NOT RECEIVED	1					
6 - PULSE BELOW 60/MIN 7 - SLEEPING 8 - HOLD - SEE NURSE'S NOTE 9 - DRUG HOLIDAY 10- OTHER						

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	al Mark by Dosage	
Janzen's Pharmacy Lillie St (807) 344-0405		Apr 1, 2018 to Niay 1, 2018
Patient: JANE PACMED	Diet:	
Area:		POLICY: R-V-3
TP#: ON	Med Conditions: DIABETES MELLITUS	APPENDIX C
Admission Date: Feb 17, 2018		
Birth Date: Nov 30, 2010	Allergies: PENICILLINS, OPIOIDS - MORPHIN	VE ANALOGUES
Age: 8 Weight: kg/ lbs		1
NH#: 553 OPTIONS NORTHWEST Physician: DAVID KING (807) 344-0405	Notes:	a- , -
PRN   01   02   03	05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 3	
CAI		21 22 23 24 25 26 27 28 29 30 01
PEDIATRIX #565432 N AU Jul 17, 2017		
160MG/5ML LIQUID TEV BF	5ample 11	
TAKE 5 ML (1 TEASPOONFUL) EVERY 6 HOURS WHEN REQUIRED		
DOCUSATE SODIUM CALL	<del>                                     </del>	
APO-DOCUSATE SODIUM #4321570 N orng AU Feb 17, 2018		
100MG CAPSULE APX		
TAKE 1 CAPSULE TWICE DAILY WHEN REQUIRED		
NE GOINED		
RISPERIDONE AR		
ACT-RISPERIDONE #4321556 N		
BMG TABLET ACT		
TAKE 1 TABLET AT BEDTIME WHEN REQUIRED		

CODES  1 - DRUG REFUSED 2 - NAUSEA/VOMITING	NURSE'S SIGNATURE	INIT	NURSE'S SIGNATURE	INIT	NURSE'S SIGNATURE	1
3 - HOSPITALIZED				11411	NURSE S SIGNATURE	INI
5 - DRUG ORDERED NOT RECEIVED 6 - PULSE BELOW 60/MIN						
7 - SLEEPING 8 - HOLD - SEE NURSE'S NOTE						
9 - DRUG HOLIDAY 10- OTHER						

POLICY: R-V-3
APPENDIX D



NAME: SAMPLE

Personal Binder Number: 0000

FERSONAL BINDER NOMBER							
DATE 2015	TIME	COMMENTS	SIGNATURE				
April 1	06:10	Emesis of mod. amt. pink-tinged fluid following medication					
		administration	J. Dow				
April 3	08:30	Recurring diarrhea – Senekot tab T p.o. withheld	J.Dow				
April 14	11:00	LOA in care of brother, LOA medication supply of Dilantin,					
		Senekot, and Tegretol for April 14 @ 1200hr to April 17 @					
		10:00hr sent with brother	R. Wilson				
April 20	14:30	Crying and holding head – Tylenol tab T p.o. q4h PRN given					
		for perceived pain	L. Gore				
April 20	16:00	Resting quietly, no further crying – Tylenol effective	L. Gore (Sample 4)				
April 22	08:30	Senekot tab T not given as ordered, person supported					
		refused	J. Dow				

OPTI	ONS	NAME:SAMPLE	POLICY: R-V-3 APPENDIX D
<u>OPTI</u>	ed 20 gges 1 20 min.	PERSONAL BINDER NUMBER:0000	
DATE 2015	TIME	COMMENTS	SIGNATURE
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P.W. 111			
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### NURSES MEDICATION / TREATMENT NOTES

DATE	HOUR	INITIALS	TX SITE	, MEC	DICATION	/ DOSA	GE	REAS	SON LE	FFECTIV	E E	INE	EFFECTIVE COI	MMENTS
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Client Name

| Medication (Name/Dose): PRN Tracking – Record Observation every 15 minutes for 2 hours following administration
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APPENDIX F

PRN Effective? ☑ Yes ☐ No	Have you noted, or has the person disclosed any negative side effects?  None observe the person disclosed any negative side effects?	what is the person doing? content and continues to enjoy		2-hour post administration
PRN Effective? 囧Yes □ No	Have you noted, or has the person disclosed any negative side effects?	and enjoying visit with	tion of the person doing?	1 hour 45 minutes post administration□
PRN Effective? DYes \( \) No	Have you noted, or has the person disclosed any negative side effects?  NOVNE ODSE FUECA	6		1 hour 30 minutes post administration区
PRN Effective? ☑ Yes ☐ No	Have you noted, or has the person disclosed any negative side effects?	Knjoying lunch	1	1 hour 15 minutes post administration 🖫
PRN Effective? ☑Yes ☐ No	Have you noted, or has the person disclosed any negative side effects?	What is the person doing?		1-hour post administration
PRN Effective? ©Yes □ No	Have you noted, or has the person disclosed any negative side effects?  NONE ODSENUAD	worthing t. v. with other		45 minutes post administration
PRN Effective? ☐ Yes ŒMo	Have you noted, or has the person disclosed any negative side effects?	educed, watching T.V. in	between pocing	30 minutes post administration
PRN Effective? ☐ Yes Q No	Have you noted, or has the person disclosed any negative side effects? $\text{None}  \text{observe}  \text{A}$	what is the person doing? Continues to poce, appears anxious.		15 minutes post administration 🖸
			s Tracking:	Effectiveness Tracking:
prior to PRN administration: Othered to BO for a walk to cup of teal (redirection, ignoring, behavioural momentum, etc.)	(Pain, SIB, Aggression) Prior to PRN admi	Ativon 1 mg S.L.	8 1130 am	July 10/18
e strategies attempted		ered: Medication (Name/Dose):	Time Administered:	DATE:

Staff name (Print) L. Public Staff Signature Staff No Incident Report completed/faxed Family / POA notified Yes No I